## Tiny Bubbles Childcare Waitlist Application

Name of Child:	Date of Birth:		
Preferred date to start:	Age at that time:		
Parents Names:  Home Phone Number  Alternate Phone Number:  Email Address:  Home Address:  Early Learning Centre only:			
		Full Time: Part Time: (at this time due to high demand of childcare we only offer full time care)	
		A child's name will be added to the waitlist once a completed form is returned. Tours will be conducted once space becomes available.	
		high number of children on the Wait Lis submitting this form and completing the	family's requests for specific start dates. Unfortunately, due to the st and space limitations, start dates cannot be guaranteed. By e tour you have secured your child's name on the Wait List but he program. If a space becomes available that meets your family's ny Bubbles, you will be contacted.
		When a space becomes available, pare The fee is non-refundable.	ents submit the registration fee to hold the space.
Parents signature:	Date:		
Program Supervisor Signature:_	Date:		
A copy of this c	ompleted form will be provided to the parent.		
Office use only: Enrollment Start Date:	Withdrawal Date:		